

STATE OF NEW YORK DEPARTMENT OF HEALTH P.O. Box 11729 Albany, NY 12211

# **Notice of Decision**

Decision Date: October 15, 2015

NY State of Health Number: AP00000002486



Dear

On July 13, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's January 8, 2015 eligibility determination and enrollment confirmation notice.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of NY State of Health.

If you have questions about your Decision, you can contact us by:

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:

NY State of Health Appeals P.O. Box 11729 Albany, NY 12211

• Sending a Fax to 1-855-900-5557

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification Number at the top of this notice.

# Legal Authority

We are sending you this notice in accordance with federal regulation 45 CFR § 155.545(b).

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STATE OF NEW YORK DEPARTMENT OF HEALTH P.O. Box 11729 Albany, NY 12211

#### Decision

Decision Date: October 15, 2015

NY State of Health Number: AP00000002486

#### Issue

The issues presented for review by the Appeals Unit of NY State of Health are:

Did the Marketplace properly determine that your eligibility for advance premium tax credits and cost-sharing reductions was effective February 1, 2015?

Did the Marketplace properly determine that your enrollment in a qualified health plan began on February 1, 2015?

# **Procedural History**

On November 6, 2014, the Marketplace issued a notice that it was time to renew your health insurance for 2015. That notice stated that based on information from federal and state sources, the Marketplace could not make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update your account by December 15, 2014 or you might lose the financial assistance you were currently receiving.

No updates were made to your account by December 15, 2014.

On December 22, 2014, the Marketplace issued a notice of eligibility redetermination stating that you were not eligible to receive tax credits or cost sharing reductions to help pay for the cost of insurance, and could not enroll in a qualified health plan, because you had not responded to the renewal notice and had not completed your renewal within the required timeframe.

On January 7, 2015, the Marketplace received your updated application for health insurance.

On January 8, 2015, the Marketplace issued a notice of eligibility redetermination stating that you were eligible to receive advance premium tax credits (APTC) of up to \$228.00 per month and, if you select a silver-level qualified health plan, for cost-sharing reductions (CSR). This eligibility was effective February 1, 2015.

Also on January 8, 2015, the Marketplace issued a letter confirming your enrollment in a qualified health plan, effective February 1, 2015.

On April 20, 2015 you spoke to the Marketplace's Account Review Unit and appealed the eligibility determination and enrollment confirmation notice insofar as they began your eligibility and qualified health plan enrollment on February 1, 2015, and not January 1, 2015.

On July 13, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and left open for up to 15 days to provide you an opportunity to submit supporting evidence.

On July 21, 2015, the Marketplace received your supporting evidence, which included a written statement of your conversation with a Marketplace representative on January 7, 2015. This document was marked as Appellant's Exhibit 1 and incorporated into the record. The record was closed on July 21, 2015.

#### **Findings of Fact**

- Your Marketplace account indicates that you receive notices from the Marketplace via regular mail; however, you testified that you had received emails from the Marketplace on, or around, December 12, 22, and 26, 2014, but that you had been unable to open these emails.
- You testified that you did not contact the Marketplace when you were unable to view the emails and assumed that your health insurance would be automatically renewed.
- 3) You testified that you did not receive any notices from the Marketplace telling you that you needed to update the information in your Marketplace to ensure that your financial assistance would continue.
- 4) No notices sent to you at the address listed on your Marketplace account have been returned as undeliverable.

- 5) You testified that you did not know you needed to renew your application until January 2015, after you received a bill for a medical procedure performed on January 5, 2015.
- 6) You testified that you updated the information in your Marketplace Account on January 7, 2015.
- The record reflects that you selected a qualified health plan on January 7, 2015.
- 8) You provided a written statement that you spoke to a Marketplace representative on January 7, 2015, who told you that your insurance coverage would be backdated to January 1, 2015.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

# Applicable Law and Regulations

#### Annual Eligibility Redetermination

Generally, the Marketplace must conduct annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, such as tax credits and cost-sharing reductions, Medicaid, or Child Health Plus. In such cases, the Marketplace is required to request that the qualified individual provide updated income and family size information for use in an eligibility redetermination for the upcoming year (*see* 45 CFR § 155.335(a) and (b)).

The Marketplace must send an annual renewal notice that contains the information by which the Marketplace will use to redetermine a qualified individual's eligibility for that year (45 CFR § 155.335(c)(3)). If a qualified individual does not respond to the notice after a 30-day period, the Marketplace must redetermine that individual's eligibility using the information provided in the annual renewal notice (45 CFR § 155.335(g), (h)). The Marketplace must ensure this redetermination is effective on the first day of the coverage year or in accordance with the rules specified in 45 CFR § 155.330(f) regarding effective dates, whichever is later (45 CFR § 155.335(i)).

#### Redetermination During a Benefit Year

When an eligibility redetermination results in a change in the amount of advance premium tax credit (APTC) for the benefit year, the Marketplace must recalculate the amount of APTC in such a manner as to account for any advance payments If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

already made (or not made) on behalf of the tax filer, such that the recalculated advance payment amount is projected to result in total advance payments for the benefit year that correspond to the tax filer's total projected premium tax credit for the benefit year (45 CFR § 155.330(g)).

The Marketplace must ensure coverage is effective on February 1, 2015 for qualified health plan (QHP) selections received by the Marketplace through January 15, 2015. (45 CFR § 155.410(f)(2)).

# Legal Analysis

The first issue under review is whether the Marketplace properly determined that your eligibility for advance premium tax credits (APTC) and cost-sharing reductions (CSR) became effective on February 1, 2015.

The Marketplace must redetermine a qualified individual's eligibility for health insurance and financial assistance to help pay for that health insurance annually. The Marketplace must issue a renewal notice that contains the information by which the Marketplace will use to determine an individual's eligibility. If an individual does not respond to this notice, the Marketplace must issue an eligibility determination for the upcoming coverage year based on the information contained in the renewal notice.

On November 6, 2014, the Marketplace issued an annual renewal notice in your case. That notice stated that based on information from federal and state sources, the Marketplace could not make a decision about whether or not you qualify for financial help paying for your health coverage. You were asked to update the information in your account by December 15, 2015 or the financial help you were receiving might end.

You stated that you did not received the notice and that although you had received emails, you had not been able to open them and you failed to contact the Marketplace regarding those emails. You failed to update your account by the December 20, 2014 extended deadline.

The record indicates that the renewal notice was issued to the address you have listed on your Marketplace account, and there is no indication that any of the notices issued to you were returned to the Marketplace as undeliverable.

Since the Marketplace had not received any updated information from you by the time of the deadline stated in the renewal notice, on December 22, 2014, the Marketplace properly issued a notice of eligibility redetermination stating that you were not eligible to receive tax credits or CSR to help pay for the cost of insurance, and could not enroll in a qualified health plan (QHP), because you had

not responded to the renewal notice and had not completed your renewal within the required timeframe.

You updated your account on January 7, 2015, during the Marketplace's openenrollment period, and your application for health insurance was reconsidered.

On January 8, 2015 a new eligibility redetermination notice was issued that stated you were newly eligible to purchase a QHP at full cost effective February 1, 2015.

The record shows that your application was updated on January 7, 2015. This resulted in the January 8, 2015 eligibility determination notice that stated you were eligible to receive up to \$228.00 in APTC and to receive CSR. This eligibility was effective February 1, 2015.

When an individual changes information in their application before the 15th of any month, the Marketplace must make the redetermination that results from the change effective the first day of the next month.

Therefore, the Marketplace's January 8, 2015 eligibility determination is AFFIRMED because it properly began your eligibility for APTC and CSR on February 1, 2015.

The second issue is whether your QHP enrollment properly began on February 1, 2015.

The Marketplace must make coverage effective on February 1, 2015 for QHP selections received by January 15, 2015.

The record shows that you selected a QHP on January 7, 2015; therefore, the Marketplace's January 8, 2015 enrollment confirmation notice is AFFIRMED because it properly began your QHP enrollment on February 1, 2015.

#### Decision

The January 8, 2015 eligibility determination is AFFIRMED because it properly began your eligibility for advance premium tax credits and cost-sharing reductions on February 1, 2015.

The January 8, 2015 enrollment confirmation notice is AFFIRMED because it properly began your qualified health plan enrollment on February 1, 2015.

#### Effective Date of this Decision: October 15, 2015

### How this Decision Affects Your Eligibility

You are eligible to receive to \$228.00 per month of advance premium tax credits and cost-sharing reductions effective February 1, 2015.

Coverage under your 2015 qualified health plan began on February 1, 2015.

### If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months after the date of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the U.S. Department of Health and Human Services. This must be done within 30 days of the date of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

If you wish to be represented by an attorney in bringing an outside appeal and do not know how to go about getting one, you may contact legal resources available to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

# If You Have Questions about this Decision (Customer Service Resources):

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:

NY State of Health Appeals P.O. Box 11729 Albany, NY 12211

• By fax: 1-855-900-5557

# Summary

The January 8, 2015 eligibility determination is AFFIRMED because it properly began your eligibility for advance premium tax credits (APTC) and cost-sharing reductions (CSR) on February 1, 2015.

You are eligible to receive to \$228.00 per month of APTC and CSR effective February 1, 2015.

The January 8, 2015 enrollment confirmation notice is AFFIRMED because it properly began your qualified health plan (QHP) enrollment on February 1, 2015. Coverage under your 2015 QHP began on February 1, 2015.

### **Legal Authority**

We are sending you this notice in accordance with federal regulation 45 CFR § 155.545(a).

A Copy of this Decision Has Been Provided To:

